State of Minnesota Department of Commerce Division of Financial Institutions 85 7th Place East, Suite 500 St. Paul, Minnesota 55101-2198 (651) 296-2135

Complaint Information

Most complaints can be resolved if the consumer contacts the financial institution or company directly. If you have not already done so, please contact the institution or company and attempt to resolve the problem. If direct contact is not successful, please fill out this form and send it, along with copies of the institution's response and any other appropriate documentation, to the address above. A copy of the complaint will be forwarded to the financial institution or company. When filling out this form, please **PRINT** or **TYPE**.

Your Name:

Name of Financial Institution:

Address:			Address:		
City	State	Zip	City	State	Zip
Telephone Number (include area code): ()			Phone Number (during day):		
Name of Person(s) you dealt with:			Account Number (if applicable)		
	LAIN YOUR COMPL. ad times as this informat			order that they occurred.	Include names,
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(Continue on next page if necessary.)

STATE WHAT ACTIONS YOU FE	EEL ARE NECESSARY TO RESOLVE YOUR COMPLAINT.
	
Today's Date	Your signature

The Financial Institutions complaint process deals with violations of laws relating to banking and credit. The division cannot act as your attorney or award you damages.